

**IN THE ORPHANS' COURT FOR**  
**(OR)** \_\_\_\_\_, **MARYLAND**  
**BEFORE THE REGISTER OF WILLS FOR**

**IN THE ESTATE OF:**

**ESTATE NO.** \_\_\_\_\_

**FOR:**

☐ **REGULAR ESTATE**

**PETITION FOR ADMINISTRATION**

Estate value in excess of \$50,000

(If Spouse is sole heir or legatee, \$100,000.)

Values for Date of Death before October 1, 2012  
are \$30,000 and \$50,000 if spouse is the sole  
legatee or heir.

Complete and attach **Schedule A.**

☐ **SMALL ESTATE**

**PETITION FOR ADMINISTRATION**

Estate value of \$50,000 or less

(If Spouse is sole heir or legatee, \$100,000.)

Values for Date of Death before October 1, 2012  
are \$30,000 and \$50,000 if spouse is the sole  
legatee or heir.

Complete and attach **Schedule B.**

☐ **WILL OF NO ESTATE**

**Complete items 2 and 5**

☐ **LIMITED ORDERS**

**Complete item 2 and  
attach Schedule C**

The Petition of:

Name	Address
Name	Address
Name	Address

Each of us states:

1. I am (a) at least 18 years of age and either a citizen of the United States or a permanent resident of the United States who is the spouse of the decedent, an ancestor of the decedent, a descendant of the decedent, or a sibling of the decedent or (b) a trust company or any other corporation authorized by law to act as a personal representative.
  
2. The Decedent, \_\_\_\_\_, was domiciled in \_\_\_\_\_, State of \_\_\_\_\_ and died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ (County) \_\_\_\_\_ (place of death)
  
3. If the decedent was not domiciled in this county at the time of death, this is the proper office in which to file this petition because: \_\_\_\_\_
  
4. I am entitled to priority of appointment as personal representative of the decedent's estate pursuant to §5-104 of the Estates and Trusts Article, Annotated Code of Maryland because: \_\_\_\_\_  
\_\_\_\_\_ and I am not excluded by §5-105(b) of the Estates and Trusts Article, Annotated Code of Maryland from serving as personal representative.

5. I have made a diligent search for the decedent's will and to the best of my knowledge:

☐ none exists; or

☐ the will dated \_\_\_\_\_ (including codicils, if any, dated \_\_\_\_\_)

accompanying this petition is the last will and it came into my hands in the following manner:

\_\_\_\_\_  
\_\_\_\_\_

and the names and last known addresses of the witnesses are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other proceedings, if any, regarding the decedent or the estate are as follows:

\_\_\_\_\_  
\_\_\_\_\_

7. If any information required by paragraphs 2 through 6 has not been furnished, the reason is:

\_\_\_\_\_  
\_\_\_\_\_

8. If appointed, I accept the duties of the office of personal representative and consent to personal jurisdiction in any action brought in this State against me as personal representative or arising out of the duties of the office of personal representative.

**WHEREFORE**, I request appointment as personal representative of the decedent's estate and the following relief as indicated:

☐ that the will and codicils, if any, be admitted to administrative probate;

☐ that the will and codicils, if any, be admitted to judicial probate;

☐ that the will and codicils, if any, be filed only;

☐ that only a limited order be issued;

☐ that the following additional relief be granted: \_\_\_\_\_

\_\_\_\_\_

I solemnly affirm under the penalties of perjury that the contents of the foregoing petition are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number (optional)

Regular Estate - RW1112

Page 2 of 2 with Schedule A (RW1136)

Small Estate - RW1103

Page 2 of 2 with Schedule B (RW1137)

Will of No Estate - RW1135

Page 2 of 2

Limited Order - RW1147

Page 2 of 2 with Schedule C (RW1148)

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IN THE ORPHANS' COURT FOR  
(OR) \_\_\_\_\_, MARYLAND  
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF: \_\_\_\_\_

ESTATE NO. \_\_\_\_\_

**SCHEDULE - A**

Regular Estate  
Estimated Value of Estate and Unsecured Debts

Personal property (approximate value)approximate value \_\_\_\_\_

Real Property (approximate value)approximate value \_\_\_\_\_

Value of property subject to:

(a) Direct Inheritance Tax of \_\_\_\_\_ % \_\_\_\_\_

(b) Collateral Inheritance Tax of \_\_\_\_\_ % \_\_\_\_\_

Unsecured Debts (approximate amount) \_\_\_\_\_

I solemnly affirm under the penalties of perjury that the contents of the foregoing schedule are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number (optional)

-----  
**(FOR REGISTER'S USE)**

Safekeeping Wills \_\_\_\_\_ Custody Wills \_\_\_\_\_

Bond Set \_\_\_\_\_ Deputy \_\_\_\_\_

**(OR)**

\_\_\_\_\_, MARYLAND

**ESTATE NO.** \_\_\_\_\_

**Specify:**  
**Heir/Legatee/  
Personal  
Representative**

## Relationship to Decedent

[illegible]

I solemnly affirm under the penalties of perjury that the contents of the foregoing list of interested persons are true to the best of my knowledge, information, and belief.

Attorney	Petitioner/Personal Representative	Date
Address	Petitioner/Personal Representative	Date
	Petitioner/Personal Representative	Date
Telephone Number		

### Instructions:

1. Interested persons include decedent's heirs (surviving spouse, children, and other persons who would inherit if there were no will) and, if decedent died with a will, the personal representative named in the will and all legatees (persons who inherit under the will). All heirs must be listed even if decedent dies with a will.
2. This list must be filed (a) within 20 days after appointment of a personal representative under administrative probate or (b) at the time of filing a Petition for Judicial Probate or a Petition for Administration of a Small Estate.

**NOMINAL BOND OF PERSONAL REPRESENTATIVE**

As of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_,  
personal representative of the Estate of \_\_\_\_\_,  
as principal and \_\_\_\_\_  
as surety are obligated to the State of Maryland in the sum of  
\_\_\_\_\_ Dollars.

This obligation shall be void if the personal representative pays from the estate the debts due by the decedent, the Maryland inheritance tax, court costs and register's fees.

**SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:**

_____	(Date)	_____ (SEAL)
	Address	_____ _____
_____	(Date)	_____ (SEAL)
	Address	_____ _____
_____	(Date)	_____ (SEAL)
	Address	_____ _____
	Surety:	_____ (SEAL)
	By:	_____

**BOND OF PERSONAL REPRESENTATIVE**

As of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_,  
personal representative of the Estate of \_\_\_\_\_,  
as principal and \_\_\_\_\_  
as surety are obligated to the State of Maryland for the benefit of all interested persons and creditors in the sum of  
\_\_\_\_\_ Dollars.

If the personal representative shall perform the duties of the office of the personal representative of the estate of the  
decedent according to law, and in all respects shall discharge the duties without any injury or damage to any person  
interested in the faithful performance of the office, then the obligation shall be void.

**SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:**

_____	(Date)	_____ (SEAL)
	Address	_____ _____
_____	(Date)	_____ (SEAL)
	Address	_____ _____
_____	(Date)	_____ (SEAL)
	Address	_____ _____
	Surety:	_____ (SEAL)
	By:	_____

IN THE ORPHANS' COURT FOR  
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IN THE ESTATE OF: \_\_\_\_\_

ESTATE NO. \_\_\_\_\_

**WAIVER OF BOND**

We, interested persons with respect to the Estate of \_\_\_\_\_,  
consent that \_\_\_\_\_  
shall serve as personal representative without a bond except as required by law.

**DATE**

**SIGNATURE**

**NAME**  
(typed or printed)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

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ESTATE NO. \_\_\_\_\_

**CONSENT TO APPOINTMENT OF  
PERSONAL REPRESENTATIVE**

I, \_\_\_\_\_, the personal representative named in the will **OR**  
\_\_\_\_\_, ask the court or register to appoint  
(state name and relationship to decedent or other basis for appointment)  
\_\_\_\_\_ instead of me to serve as personal representative and  
consent to that appointment. I understand that if \_\_\_\_\_  
is so appointed I may not withdraw this consent so long as \_\_\_\_\_  
remains personal representative, except upon a showing of good cause.

**DATE**

**SIGNATURE**

**NAME**  
(typed or printed)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number



(FILE IN DUPLICATE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(name and address of attorney)

**NOTICE OF APPOINTMENT  
NOTICE TO CREDITORS  
NOTICE TO UNKNOWN HEIRS**

To all persons interested in the estate of \_\_\_\_\_

ESTATE NO. \_\_\_\_\_

Notice is given that:

\_\_\_\_\_ was on \_\_\_\_\_ appointed Personal Representative of the estate of: \_\_\_\_\_  
(date)

\_\_\_\_\_ who died on \_\_\_\_\_ (with) (without) a will.  
(date)

Further information can be obtained by reviewing the estate file in the office of the Register of Wills or by contacting the personal representative or the attorney.

All persons having any objection to the appointment (or to the probate of the decedent's will) shall file their objections with the Register of Wills on or before the \_\_\_\_\_ day of \_\_\_\_\_,  
(6 months from date of appointment)

Any person having a claim against the decedent must present the claim to the undersigned personal representative or file it with the Register of Wills with a copy to the undersigned on or before the earlier of the following dates:

- (1) Six months from the date of the decedent's death, except if the decedent died before October 1, 1992, nine months from the date of the decedent's death; or
- (2) Two months after the personal representative mails or otherwise delivers to the creditor a copy of this published notice or other written notice, notifying the creditor that the claim will be barred unless the creditor presents the claims within two months from the mailing or other delivery of the notice. A claim not presented or filed on or before that date, or any extension provided by law, is unenforceable thereafter. Claim forms may be obtained from the Register of Wills.

Name of newspaper designated by personal representative: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative

Date of publication: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Personal Representative

**True Test Copy**

Name and Address of Register of Wills for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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IN THE ESTATE OF: \_\_\_\_\_

ESTATE NO. \_\_\_\_\_

**APPOINTMENT OF RESIDENT AGENT**

I appoint \_\_\_\_\_ as my resident agent on whom service of process may be made with the same effect as if it were served on me personally in the State of Maryland. This appointment shall remain in effect until the filing of a subsequent Appointment of Resident Agent.

Date: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative

I am a Maryland resident and accept the appointment as resident agent.

\_\_\_\_\_  
Resident Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

IN THE ORPHANS' COURT FOR

(OR)

\_\_\_\_\_, MARYLAND

BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF: \_\_\_\_\_

ESTATE NO. \_\_\_\_\_

**WAIVER OF NOTICE**

I waive notice that would otherwise be required by law or rule to be sent to me in this estate regarding the matters indicated:

☐ Notice of Judicial Probate

☐ Notice of Removal of Personal Representative

☐ Register's Notice to Interested Persons

☐ Notice of Petition for Termination of Personal Representative's Appointment

☐ Notice of Proposed Payment to Personal Representative

☐ Notice of Filing of Account

☐ Notice of Proposed Payment to Attorney

☐ Notice of Petition for Partition or Sale of Property

☐ Notice of Personal Representative's Intention to Resign

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
(describe specifically)

By signing this waiver, I understand that it will not be necessary for the personal representative or any other person required to do so to give notice to me of any of the matters indicated above.

**I UNDERSTAND THAT I AM GIVING UP THE IMPORTANT RIGHT TO BE INFORMED OF THE PROGRESS OF THE ESTATE AS TO THE MATTERS INDICATED. I ALSO UNDERSTAND THAT I MAY FILE WITH THE REGISTER A REVOCATION OF THIS WAIVER OF NOTICE BUT THE REVOCATION WILL APPLY ONLY AFTER IT IS FILED AND SERVED ON THE PERSONAL REPRESENTATIVE.**

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**Certificate of Service**

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I delivered or mailed, postage prepaid, a copy of the foregoing Waiver of Notice to:

\_\_\_\_\_  
Signature